

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3732ESR	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/07/2009
NAME OF PROVIDER OR SUPPLIER SIERRA ROSE DIALYSIS CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 685 SIERRA ROSE DRIVE RENO, NV 89511		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
1 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of a State Licensure complaint survey conducted at your facility on 5/7/09.</p> <p>Complaint # NV00021768 was substantiated with a deficiency cited. (See Tag 234.)</p> <p>The State licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment of Irreversible Renal Disease.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	1 000		
1 234 SS=I	<p>449.5435 Provision of Services</p> <p>1. Each facility shall provide nursing services to each patient of the facility to prevent or reduce complications and to maximize the functional status of the patient.</p> <p>This Regulation is not met as evidenced by: Based on interview and document review the facility failed to provide for nursing services to prevent or reduce complications for two of two patients receiving peritoneal dialysis in a skilled nursing facility (#1, #2).</p> <p>Findings include:</p> <p>On 5/7/09, Employee #1 was interviewed. Employee #1 demonstrated the peritoneal dialysis (PD) training provided to the skilled nursing facility (SNF) registered nurses before</p>	1 234		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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1 234	<p>Continued From page 1</p> <p>the SNF accepted peritoneal dialysis patients. Employee #1 was observed washing his hands. He did not don gloves prior to beginning the demonstration of the PD procedure. Employee #1 reported he emphasized hand washing with an anti-bacterial soap after donning a mask and the use of a alcohol based hand cleaner prior to connecting the patient. Employee #1 explained he did not use gloves for the PD exchange. He stated the powder in gloves was one possible source of peritoneal infection and that good hand washing was recommended. He stated the training for the SNF nurses was the same training he provided for patients to perform PD in the home. Employee #1 confirmed the teaching for the SNF nurses did not include the use of gloves.</p> <p>Patients #1 and #2 were PD patients residing at the SNF. Employee #1 provided training to the SNF nurses to perform PD on Patients #1 and #2. Both patients contracted peritonitis while at the SNF. Patient #1 died, with peritonitis listed as the cause of death. Patient #2 was admitted to an acute care hospital with a diagnosis of peritonitis, and at last review was listed in critical condition.</p> <p>The facility's "Making PD Work for You" packet was reviewed. Handwashing was detailed as: "Put on your mask. Use plenty of water and liquid soap. Rub hands together well (friction). Wash between fingers and under nails. Wash for two minutes. Use paper towel to dry hands. Use another paper towel to turn off faucet. Do not touch anything except your catheter."</p> <p>The PD instructions provided to the SNF included, "Wash hands" and "Wash hands with</p>	1 234			

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1 234	<p>Continued From page 2</p> <p>Purell". A cautionary statement "Be careful not to contaminate" was included with the recapping transfer set instruction.</p> <p>Review of the National Institutes of Health recommendations for PD revealed the following control measures to reduce the risk of infection: "Handling the transfer set as directed. Washing the hands before handling the catheter. Wearing sterile gloves to carry out exchanges."</p> <p>Review of the Mayo Clinic recommendations for PD revealed, "After loading the tubing cassette and dialysis solution, you wash your hands, cover your mouth and nose with a mask, and put on gloves to avoid contaminating the peritoneal dialysis catheter or tubing. Then you connect the catheter to the tubing that leads to the cyclor."</p> <p>Review of a peer review article published by the Mid-Atlantic Renal Coalition titled: Preventing Bacterial Infections and Antimicrobial Resistance in Dialysis Patients, revealed the following: Strategy 4: Prevention -The Centers for Disease Control and Prevention (CDC) recommends wearing gloves at all times when touching patients or dialysis equipment to prevent infections by contaminants too small to be seen with the naked eye.</p> <p>Severity: 3 Scope: 3</p>	1 234			

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